

## Third Party Authorization Form

Borrower Name: \_\_\_\_\_  
Co-Borrower Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Account/Loan Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Third Party Information (all applicable fields must be completed)

Name of Entity, Agency, Firm: \_\_\_\_\_  
Name of Authorized Person 1: \_\_\_\_\_  
Name of Authorized person 2\*: \_\_\_\_\_  
**4 Digit Pin for Future Authorization\*\*:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternate Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Change mailing address on file? (Y/N) \_\_\_\_

**\*If applicable**

**\*\*The 4 Digit Pin will be requested when contacting HomeLoanServ via phone or email.**

Personal or Legal Relationship: Spouse/Relative \_\_\_ Attorney \_\_\_ Other (describe above) \_\_\_  
Business or Contract Relationship: Realtor/Title Company \_\_\_ Counseling Agency \_\_\_ Contractor \_\_\_

- The authorization will remain for the timeframe selected unless revoked in writing. If an expiration date is not provided, then the authorization may remain until the maturity date of the loan.
- For personal or legal relationships: the authorization may last for the life of the loan and the authorized party may be able to make changes to the account.
- For business or contract relationships: the authorization will not exceed ninety (90) days, but can be less if the expiration date provided is less than 90 days from the date we receive the form. The authorized party will not have access to make changes to the account. If you are authorizing a contractor for the purpose of an insurance claim, authorization may be extended until completion of the claim

### Third Party Acknowledgement

The undersigned, on behalf of the Third Party, represents that: (i) it is in compliance with Regulation O (Mortgage Assistance Relief Services), if applicable, and all other applicable laws and regulations; and (ii) the Third-Party information provided above is true and correct. The undersigned acknowledges that a misrepresentation or omission of fact made in connection with a government program such as Making Home Affordable may result in civil/criminal prosecution.

Signature of Third Party: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Borrower Authorization (please initial all applicable items)

\_\_\_\_ I (Borrowers listed below) authorize the above named Third Party to discuss, assist with, or, if applicable, negotiate a workout arrangement on my mortgage(s) with HomeLoanServ (its affiliates, agents, employees, and successors). A workout arrangement could include a modification or other relief.

\_\_\_\_ I authorize HomeLoanServ, Third Party and Treasury (and its agents) to share with each other public and non-public information about my finances and my mortgage for the purpose of assisting me in obtaining a workout arrangement, including but not limited to: (i) my mortgage payment history, terms of my mortgage; and (ii) my social security number, credit score, income, debts and other information related to obtaining and servicing my mortgage.

\_\_\_\_ I understand that HomeLoanServ may contact me directly except in limited situations, such as when I am represented by an attorney, and the Servicer and I must agree to any workout arrangement. I may still contact my Mortgage Servicer at any time.

I understand that this Third-Party Authorization Form may not be accepted by HomeLoanServ and that I will be notified in writing if it is not accepted. Mortgage Loan Servicers have procedures designed to detect fraud or improper activity and must follow privacy laws to protect borrower information.

### I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

**\*\*ALL SIGNATURES MUST BE EITHER WET OR ELECTRONIC. HOMELOANSERV WILL NOT ACCEPT PRINTED OR TYPED SIGNATURES. \*\***

I hereby authorize the above-referenced individual(s) to obtain information regarding and/or make changes to my mortgage loan identified above. HomeLoanServ will take reasonable steps to verify the identity of the Authorized Party, including request of additional identifying information, but will have no responsibility or liability to verify the identity of the Authorized Party.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Borrower Printed Name

\_\_\_\_\_  
Co-Borrower Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please return this signed and completed form either via email at [hol-borrauth@ihfa.org](mailto:hol-borrauth@ihfa.org) or Fax at 208.336.6474.